

County: Jefferson
 FORT HEALTH/REHABILITATION CENTER
 430 WILCOX STREET

Facility ID: 3470

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FORT ATKINSON 53538 Phone: (920) 563-5533
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 97
 Total Licensed Bed Capacity (12/31/01): 126
 Number of Residents on 12/31/01: 89

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 86

Corporation
 Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.7
Supp. Home Care-Personal Care	No					1 - 4 Years		43.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.7	More Than 4 Years		13.5
Day Services	No	Mental Illness (Org./Psy)	15.7	65 - 74	11.2			-----
Respite Care	Yes	Mental Illness (Other)	2.2	75 - 84	34.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	5.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.9	65 & Over	93.3	-----		
Transportation	No	Cerebrovascular	9.0		-----	RNs		5.9
Referral Service	No	Diabetes	4.5	Sex	%	LPNs		8.2
Other Services	No	Respiratory	11.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.8	Male	42.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	57.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	1	1.8	114	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	13	100.0	345	48	85.7	98	0	0.0	0	18	90.0	156	0	0.0	0	0	0.0	0	79	88.8
Intermediate	---	---	---	7	12.5	82	0	0.0	0	2	10.0	156	0	0.0	0	0	0.0	0	9	10.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		56	100.0		0	0.0		20	100.0		0	0.0		0	0.0		89	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	3.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	21.3	44.9	33.7	89
Other Nursing Homes	3.2	Dressing	21.3	44.9	33.7	89
Acute Care Hospitals	89.7	Transferring	33.7	33.7	32.6	89
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	31.5	33.7	34.8	89
Rehabilitation Hospitals	0.0	Eating	50.6	33.7	15.7	89
Other Locations	4.0	*****				
Total Number of Admissions	126	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.0	Receiving Respiratory Care		0.0
Private Home/No Home Health	11.1	Occ/Freq. Incontinent of Bladder	53.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	21.4	Occ/Freq. Incontinent of Bowel	47.2	Receiving Suctioning		0.0
Other Nursing Homes	8.7			Receiving Ostomy Care		2.2
Acute Care Hospitals	15.1	Mobility		Receiving Tube Feeding		4.5
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.1	Receiving Mechanically Altered Diets		37.1
Rehabilitation Hospitals	0.0					
Other Locations	8.7	Skin Care		Other Resident Characteristics		
Deaths	34.9	With Pressure Sores	5.6	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	126			Receiving Psychoactive Drugs		12.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	68.3	82.5	0.83	84.1	0.81	85.8	0.80	84.6	0.81
Current Residents from In-County	65.2	74.3	0.88	79.3	0.82	69.4	0.94	77.0	0.85
Admissions from In-County, Still Residing	15.9	19.8	0.80	25.5	0.62	23.1	0.69	20.8	0.76
Admissions/Average Daily Census	146.5	148.2	0.99	110.2	1.33	105.6	1.39	128.9	1.14
Discharges/Average Daily Census	146.5	146.6	1.00	110.6	1.32	105.9	1.38	130.0	1.13
Discharges To Private Residence/Average Daily Census	47.7	58.2	0.82	41.2	1.16	38.5	1.24	52.8	0.90
Residents Receiving Skilled Care	89.9	92.6	0.97	93.8	0.96	89.9	1.00	85.3	1.05
Residents Aged 65 and Older	93.3	95.1	0.98	94.1	0.99	93.3	1.00	87.5	1.07
Title 19 (Medicaid) Funded Residents	62.9	66.0	0.95	66.9	0.94	69.9	0.90	68.7	0.92
Private Pay Funded Residents	22.5	22.2	1.01	23.1	0.97	22.2	1.01	22.0	1.02
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	18.0	31.4	0.57	38.7	0.46	38.5	0.47	33.8	0.53
General Medical Service Residents	34.8	23.8	1.46	21.8	1.60	21.2	1.64	19.4	1.79
Impaired ADL (Mean)	49.2	46.9	1.05	48.4	1.02	46.4	1.06	49.3	1.00
Psychological Problems	12.4	47.2	0.26	51.9	0.24	52.6	0.24	51.9	0.24
Nursing Care Required (Mean)	6.2	6.7	0.93	7.5	0.83	7.4	0.83	7.3	0.84